## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/597659

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)               |                                                |                                                                                         |                                            |                                |                |                               | SMALL EN            | TITY                   | OR  | OTHER THAN<br>SMALL ENTITY |                        |
|---------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|----------------|-------------------------------|---------------------|------------------------|-----|----------------------------|------------------------|
| U.S.                                                          | NATIONAL S                                     | TAGE FEES                                                                               | (Column                                    | 1 1)                           | ,,             | Zolumn 2)                     | RATE                | · FEE                  |     | RATE                       | FEE                    |
| BASIC FEE                                                     |                                                |                                                                                         | SMALL ENT.                                 | = \$ 150                       | LARG           | E ENT. = \$ 300               | BASIC FEE           | 150                    | OR  | BASIC FEE                  |                        |
| EXAMINATION FEE                                               |                                                |                                                                                         | Satisfies PCT Ar                           |                                |                | ner situations = 100 / \$ 200 | EXAM. FEE           | 100                    |     | EXAM. FEE                  | ·                      |
| SEARCH FEE                                                    |                                                |                                                                                         | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | 50 / \$ 100<br>ntries =        |                | her situations = 250 / \$ 500 | SEARCH FEE          | 200                    |     | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.                                      |                                                |                                                                                         | minu                                       | ıs 100 =                       | ·              | / 50 =                        | X \$ 125 =          |                        |     | .X \$ 250 =                |                        |
| TOTAL CHARGEABLE CLAIMS                                       |                                                |                                                                                         | /// minus 20 = *                           |                                |                |                               | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS                                            |                                                |                                                                                         | <b>2</b> minus 3 = ∗                       |                                |                |                               | X \$ 100 =          |                        | OR  | X \$ 200 =                 | ·                      |
| MUL                                                           | TIPLE DEPEND                                   | ENT CLAIM PRE                                                                           | SENT                                       |                                |                |                               | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
| * If                                                          | the difference                                 | in column 1 is l                                                                        | ess than zero                              | , enter "C                     | " in co        | lumn 2                        | TOTAL               | 450                    | OR  | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |                                                |                                                                                         |                                            |                                |                |                               | SMALL I             | ENTITY                 | OR  | OTHER<br>SMALL E           |                        |
| AMENDMENT A                                                   | ٠.                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                               |                                            | HIGH<br>NUMI<br>PREVIO<br>PAID | BER .<br>DUSLY | PRESENT<br>EXTRA              | RATE                | ADDI-<br>TIONAL<br>FEE | ·   | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                               | Total                                          | *                                                                                       | Minus                                      | **                             |                | =                             | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
|                                                               | Independent                                    | *                                                                                       | Minus                                      | ***                            |                | =                             | X \$ 100 =          |                        | OR  | X \$ 200 =                 |                        |
|                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                         |                                            |                                |                |                               | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
|                                                               |                                                |                                                                                         | •                                          | TOTAL ADDIT.<br>FEE            | <u> </u>       | OR                            | TOTAL ADDIT.<br>FEE |                        |     |                            |                        |
|                                                               |                                                | (Column 1)                                                                              | ٠.                                         | (Colur                         | nn 2)          | (Column 3)                    |                     |                        |     |                            |                        |
| AMENDMENT B                                                   |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                        |                                            | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY   | PRESENT<br>EXTRA              | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                               | Total                                          | *                                                                                       | Minus                                      | **                             |                | =                             | X \$ 25 =           |                        | OR  | X \$ 50 =                  |                        |
|                                                               | Independent                                    | +                                                                                       | Minus                                      | ***                            | ,              | =                             | X \$ 100 =          |                        | OR. | X \$ 200 =                 |                        |
|                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                         |                                            |                                |                |                               | + \$ 180 =          |                        | OR  | + \$ 360 =                 |                        |
|                                                               |                                                |                                                                                         | TOTAL ADDIT.<br>FEE                        |                                | OR             | TOTAL ADDIT.<br>FEE           |                     |                        |     |                            |                        |
|                                                               |                                                |                                                                                         |                                            |                                |                | ••••                          |                     |                        |     | `.                         |                        |
| ١.                                                            |                                                | ماه د د ماه مرد این این است.<br>ماه د د ماه مرد این | o ontry in column                          | 2 write "O"                    | in colum       | n 3                           |                     |                        |     |                            | j                      |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.